ADULT SPORTS ROSTER

LODI PARKS AND RECREATION DEPARTMENT 125 N. STOCKTON ST., LODI, CA. 95240 OFFICE 333-6742 FIELD CONDITIONS 333-6744 ADULT SPORTS 333-6800 x450

r lease print clearly	<i>y</i>				
Circle sport	SOFTBALL	BASKETBALL	SOCCER	VOLLEYBALL	
Circle league	MENS	WOMENS	COED		
TEAM NAME					
TEAM NAME LAST	YEAR	7	TEAM NAME LAST SE	EASON	<u> </u>
MANAGER'S NAME					_
STREET ADDRESS					_
CITY			ZIP		<u> </u>
PHONE (home)		(work)		<u> </u>
MANAGER'S email All schedules and co	orrespondence will b	f. e mailed to the above.	ax		
ALTERNATE CONT	ACT				<u> </u>
PHONE (home) LEVEL REQUESTED: (circle)		(work)		
LEVEL REQUESTE	D: (circle)	above average	average	not so good	
	ALL DECIS	SIONS WILL BE FINAI	L IN CLASSIFICATIO	N OF TEAMS.	
		Y BE SCHEDULED TO			
(Jan. 31-Dec. 31). A LODI SCHOOL DIS non-residents are th ALL ADD-ON OR LA	NG OUTSIDE THE ALL NON-RESIDEN' TRICT. Player eligit ose who live inside to ATE ADDITION PLA'	TS MUST BE MARKED bility is defined by two t the LUSD boundaries b YERS MUST CONFOR	REQUIRED TO PAY A O ON THE REVERSE erms: residents are thout outside the Lodi ci RM TO THE ABOVE R	A \$15.00 NON-RESIDENT FEE SIDE. ALL PLAYERS MUST I lose who live inside the city lim ty limits.	LIVE IN THE
x			Date		<u> </u>
For office use only DATE RECEIVED B	Y		CHECK#_		
		TEAM FEE	\$		
NON-RESIDENT FEE # OF PLAYERS x \$15 =			\$		
		TOTAL	\$		
DIVISION ASSIGNE	:D		_		
DIVISION LAST SEA	ASON	_RECORD			

PLAYER ROSTER, WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

NOTICE: All players must sign the roster. A player signing his/her name on this roster must realize that, in the participation of this sport/activity, he/she releases any and all claims for damage or injuries that may occur against the City of Lodi, the Parks and Recreation Department, the Lodi Unified School District, and/or the league or sponsors. There is no accident insurance for the participants in this program. I hereby give the City of Lodi, and the Parks and Recreation Department full permission to use, publish, and copyright photographic prints or other reproductions from all negatives made of me, either in conjunction with or without using my name for publication, promotion, advertising, or display purposes.

TEAM NAME: (Adults living outside the City limits must pay \$15.00/participation fee.)

	NAME (PLEASE PRINT)	SIGNATURE	STREET ADDRESS, CITY, ZIP	AGE	PHONE	TEAM LAST YEAR	CITY LIMITS RESIDENT YES/NO
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							